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Navy & Marine Corps Medical News

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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is encouraged.

-USN-

Contents for this week's MEDNEWS:

Headline: Deaf and hearing impaired employees make Navy eyeglasses

Headline: Sailor has success with smoking cessation classes

Headline: Fisher Children's Center helps parents

Headline: Dental Technicians celebrate 50 years of service

Headline: Navy doctor saves heart attack-stricken sports fan

Headline: Operation Guardian emphasized one Navy medical team

Headline: Association of Military Surgeons recognizes health care professionals

Headline: TRICARE Questions and Answers

Headline: Healthwatch: It's not sugar, but it's sweet

-USN-

Headline: Deaf and hearing impaired employees make Navy eyeglasses

From Naval Ophthalmic Support and Training Activity

YORKTOWN, VA.--Providing equal employment opportunities is more than just an expression at the Naval Ophthalmic Support and Training Activity (NOSTRA) in Yorktown, Va. The facility's deaf and hearing-impaired employees are part of the NOSTRA staff that produces eyeglasses for Sailors, Marines and other military personnel around the world.

And from all accounts their employment has been a success for the Navy and for the employees. Not only do they work in production processing, after a development process that involved teaching Sailors sign language, the deaf and hearing-impaired employees have career upward mobility in optical design.

According to Hospital Corpsman First Class Joseph Wolfe, in the beginning the hearing-impaired employees worked in the production process that didn't require optical knowledge, which limited their contribution.

"I had worked beside many of the deaf and hearing-impaired staff in the laboratory," said Wolfe, an instructor in the Optician "C" School located at NOSTRA. "Being very experienced in the production processes, they often taught me more efficient ways to process the work. However, they

were unaware of the optical concepts involved, which limited the number of tasks they could perform. I knew this was due to our inability to explain the concepts, rather than an inability on their part to understand."

Wolfe proposed teaching optical theory classes to the hearing impaired and deaf employees and NOSTRA's commanding officer supported the idea and arranged for a sign language interpreter to assist. After difficult starts that required changing the teaching procedures and learning sign language, the program is a production asset for NOSTRA. In May 1997, the deaf and hearing-impaired employees began classes that taught fabrication, optical terminology and lens design concepts, among other topics.

"I like working at NOSTRA because of the training they provide," said Darin Gillis, a 12 year employee who is deaf. "I worked in food service before, but in this job you really get to help people and learn a very important skill too."

Gillis attended a reunion at a school for the deaf and his former classmates couldn't believe what he was doing, Gillis recalled with a smile. "They didn't know that deaf people could make glasses, or even work for the Navy. When I told them I did both, their eyes popped open wide!"

The Naval Ophthalmic Support and Training Activity has set an excellent example of reengineering business practices to better serve its military customers. For further information about NOSTRA and its hiring program contact HM1 Joseph Wolfe @ DSN 953-7148 or email: wolfe@nos50.med.navy.mil. Visit the NOSTRA facility web page at <http://nostra.med.navy.mil>

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Headline: Sailor has success with smoking cessation classes
By JOSN Lea Vonda Battle, Naval Hospital Jacksonville

JACKSONVILLE, Fla.--Radioman Second Class Kristen Montejo is a believer in Naval Hospital Jacksonville's Wellness Center. By attending smoking cessation classes and using the nicotine patch, she successfully stopped using tobacco in February '97.

Montejo, who is 29, began smoking cigarettes when she was 14 years old. Her pack-a-day habit started because of peers and because "it was the thing to do," she said.

During her 12-year Naval career, Montejo spent over eight years stationed overseas. She said, "Smoking is an acceptable habit overseas. When I finally came back to the states, my smoking became a true inconvenience."

Making one serious attempt to stop, she quit for two years only to return to the habit because of stress and different circumstances on the job. She said, "Before, I quit for other people, this time I did it for myself."

To remain tobacco free, Montejo has made significant changes in her life. She sits in non-smoking areas when eating out at restaurants and she gave up coffee and alcohol. Her determination has paid off, leaving her smoke

free for more than a year.

Montejo said her overall life has improved without the use of tobacco.

"Cigarettes were like a ball and chain. I would not go anywhere without them, even for a walk. Now that I've quit, I don't have smoker's cough when I wake up, and the house smells better. I don't know how my husband used to deal with the smell ... that's love," laughed Montejo.

For information on smoking cessation classes, contact your local medical facility.

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Headline: Fisher Children's Center helps parents
By Anne Severy, Naval Hospital, Camp Pendleton

OCEANSIDE, Calif.--A new facility at Marine Corps Base Camp Pendleton will ease the child care burden of busy parents. The base's Child Development Programs office and the Naval hospital announced the March 27 opening of Fisher Children's Center. The facility, which accommodates 86 children ages six weeks through ten years, was generously donated by Zachary and Elizabeth M. Fisher.

The Center's hourly care policy provides a convenient, safe place to leave children when parents have hospital appointments. Twenty-five percent of the Center's spaces will be set aside for parents who have hospital appointments and twenty-five percent will be held for volunteers. The remaining fifty percent of the spaces will be available on first come, first served basis.

Parents may use the Center for a maximum of 20 hours per week. According to Hospital Corpsman Second Class Jack Kovic, it is the ideal place for his child.

"I have used the Fisher Children's Center more than 10 times already," he said. It is the best child care I have ever used. The staff is very competent and my little girl always looks happy and safe there."

The Center's hours are Monday through Friday from 7 a.m. to 5 p.m. Fees are \$1.75 per hour, per child for pay grades E-5 and below and \$2.25 per hour, per child for pay grades E-6 and above.

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Headline: Dental Technicians celebrate 50 years of service
By HMCS Mark Hacala, Bureau of Medicine and Surgery

WASHINGTON, D.C.--Navy dental technicians celebrate their golden anniversary April 2. The creation of a separate dental rating was authorized in 1948.

In previous years, dental assistants were hospital corpsmen who were trained as assistants or prosthetic technicians. Their number grew to over 10,000 in World War II. Dental technicians served admirably during the wars in Korea, Vietnam, Lebanon, and the Persian Gulf. One technician, Dentalman Thomas Christensen, earned a posthumous award of the Navy Cross for gallantry in Korea.

Currently, there are 3,021 active and 679 reserve dental

technicians. They serve in nine Navy enlisted codes including basic technicians, advanced technicians, dental laboratory technicians, surgical technicians and Fleet Marine Force technicians, equipment repair personnel, administrative technicians, dental hygienists and maxillofacial technicians. They are assigned in the United States, outside the continental United States, aboard ships, and with the Marines.

Senior dental technicians have served as command master chiefs of surface ships and other non-dental commands. DTC Hazelann K. Teamer won one of the Navy's highest accolades with her selection as the Chief of Naval Operations 1997 Shore Sailor of the Year.

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Headline: Navy doctor saves heart attack-stricken sports fan
By LT Stephenye Tyler, MSC, Naval Medical Clinic, Annapolis

ANNAPOLIS, Md.--It is not unusual for a physician to save a victim's life during an emergency, after all that is what they are trained to do. However, it is unusual when the emergency occurs at the start of a NCAA basketball tournament game, that the physician is a Navy orthopedic surgeon and the victim is the opposition's fan.

That was the scenario for CAPT Edward McDevitt, MC, who administered life-saving shock treatment to a University of North Carolina fan at the Hartford, Conn. Civic Center last month, where the Naval Academy basketball team played the University of North Carolina Tarheels during an NCAA tournament game.

McDevitt was recognized by a Navy officer as one of the clinic physicians and was told by the officer that a man had passed out on the Civic Center stairs.

McDevitt approached the lifeless man who was without a pulse or signs of breathing and determined he was in full cardiac arrest. The doctor immediately began cardiopulmonary resuscitation.

Moments later, Hartford Civic Center paramedics arrived, and McDevitt used their defibrillator on the unconscious man. Defibrillators assess heart rhythm and provide shock treatment. After the second shock, McDevitt watched the victim's pale, chalk-colored face brighten with color.

The paramedics then transported the man to the local hospital. At halftime, McDevitt called the hospital to check on his emergency patient and was told the man was awake and his condition continued to improve.

"To me, it was a miracle. It brought out the importance of having defibrillation immediately applied," said McDevitt. "I almost cancelled [attending the game] due to a heavy patient load at the clinic--God had a plan."

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Headline: Operation Guardian emphasized one Navy medical team
By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla.--Naval Hospital (NH) Pensacola's

"Operation Guardian" ended March 27 with the return of 150 members of the new Fleet Hospital Pensacola (FHP) unit and the standing down of the reserve component of the command's Integrated Medical Support Program (IMSP).

More than 170 Naval Reservists filled in for the active duty staff at NH Pensacola who were participating in a 2-week fleet hospital field training exercise at Camp Pendleton, Calif. The seamless transition from active duty to reserve staff emphasized that Navy medicine is one team whose primary concern is readiness.

This effort was the first major test for IMSP Pensacola since it became operational in October 1997. The evolution was also the largest contingency of reservists at the Naval Hospital Pensacola since Operation Desert Shield/Storm in 1990-1991.

IMSP is designed to increase the amount of time selected reservists spend in military hospitals through flexible drilling time, while ensuring accountability for mobilization readiness training. The idea behind the program is to develop a "mirror-image" command structure of the hospital with its reserve units. It is a peacetime initiative that will support wartime requirements in case of a large-scale deployment of FH Pensacola personnel.

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Headline: Association of Military Surgeons recognizes health care professionals

WASHINGTON, D.C.--Each year, the Association of Military Surgeons of the United States (AMSUS) recognizes the abilities of many outstanding federal health care individuals through its awards program. This year the awards will be presented at the Association's Annual Meeting in San Antonio, Texas, Nov 8-13.

Seventeen of the awards are competitive awards. Members and non-members are encouraged to nominate individuals for these awards. Four of the awards are essay awards. Without research and other studies, the health care field would become stagnant. AMSUS takes great pleasure in acknowledging individuals who have made efforts in these areas.

This is a unique opportunity to nominate a deserving individual for an AMSUS award. Deadline for nominations and essay submissions is May 31. If your command doesn't have information summarizing each award and how to submit a candidate for an award, contact AMSUS (301) 897-8800-fax: (301) 530-5446.

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Headline: TRICARE Questions and Answers

Question: Is there a TRICARE handbook that explains all the choices and benefits? If there is, does it contain both regional specific and general TRICARE information?

Answer: Yes, you can obtain both a general and a region-specific TRICARE handbook. See your TRICARE Service Center or Health Benefits Advisor to get a copy.

Question: What will happen if I don't take any action to change my current health care plan?

Answer: If you are on active duty, you will be automatically enrolled in the TRICARE Prime benefit. All other eligible customers deciding not to enroll in TRICARE Prime can use TRICARE Standard (formerly CHAMPUS) or TRICARE (Extra). They also can receive care in military medical facilities on a space available basis.

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Headline: Healthwatch: It's not sugar, but it's sweet
By Kimberly Allen Rawlings, Bureau of Medicine and Surgery

WASHINGTON, D.C.--Instead of asking how many sugars do you take in your coffee or tea, the question could easily be how many Sweet N' Low's or Equal packs do you use?

Sugar substitutes, often called artificial sweeteners or non-nutritives, are used more commonly in society. More and more soft drinks, foods and desserts contain sugar substitutes to satisfy the craving for sweets but not calories.

Artificial sweeteners, saccharin and aspartame are appealing because they offer a sweet taste but contribute virtually no calories. These sugar substitutes are 200 to 300 times sweeter than sugar. The caloric content of the artificial sweeteners is negligible and almost non-existent in a one teaspoon compared with the 20 calories in one teaspoon of sugar.

Although sugar may contain calories it's all natural and causes no side effects. "No matter how much sugar you take in, if it exceeds your body's maintenance needs for calories it can be stored as fat," said LT Todd Medley, MSC, a registered dietician at Naval Medical Center, San Diego.

Saccharin, used in Sweet N' Low sugar substitute, has been in use for nearly a century. No evidence has been linked to human health problems, but some laboratory studies have shown an increase in bladder tumors in rats that have been fed large amounts. The U.S. Food and Drug Administration recommends limiting saccharin use as a tabletop sweetener.

Another artificial sweetener, aspartame, commonly known as Nutrasweet, has been available since 1983. The name brand Equal uses Nutrasweet. Aspartame is closely related to naturally occurring body chemicals and is considered extremely safe by researchers. It can not be used in baked goods, because prolonged heat causes it to break down. However, aspartame can be used with some stove top food preparations.

According to Medley, the decision to use artificial sweeteners will vary with people's taste and their disease state. For instance a person suffering with diabetes or obesity can benefit from using the low-calorie sweetener. But a person suffering with an ailment that demands an increased need for calories may need the caloric value that

sugar offers.

People suffering from an extremely rare genetic disease called phenylketonuria (PKU) should not use aspartame. PKU is an inherited recessive trait that is characterized by mental retardation, seizures, eczema and mousy odor.

"Both, saccharin and aspartame do not affect the blood sugar. But because of the warnings associated with saccharin Navy dietitians need to assess and recommend the appropriate use of all sugar substitutes," said Medley.

Many foods on the market today use sugar substitutes to give us the taste we love without the calories of sugar. But limiting sugar is only one part of building healthy eating habits. It is still important to eat a variety of low-fat foods, including plenty of fresh fruits, vegetables and whole grains.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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